

<i>SERFF Tracking Number:</i>	<i>NGLI-127343538</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49418</i>
<i>Company Tracking Number:</i>	<i>NAPP-HREINS 8/11</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.001 Critical Illness</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application/</i>		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Reinstatement Application	SERFF Tr Num: NGLI-127343538	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 49418
Sub-TOI: H07I.001 Critical Illness	Co Tr Num: NAPP-HREINS 8/11	State Status: Approved-Closed
Filing Type: Form	Authors: Peggy Kratz, CarLee Cramer	Reviewer(s): Rosalind Minor
	Date Submitted: 07/28/2011	Disposition Date: 07/29/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Reinstatement Application	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/29/2011
	State Status Changed: 07/29/2011
Deemer Date:	Created By: CarLee Cramer
Submitted By: CarLee Cramer	Corresponding Filing Tracking Number:
Filing Description:	
Arkansas Department of Insurance	
VIA SERFF	

RE: National Guardian Life Insurance Company

NAIC # 66583 - FEIN# 39-0493780

Reinstatement Application

Form No. NHRein-MBF 8/11

SERFF Tracking Number:	NGLI-127343538	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49418
Company Tracking Number:	NAPP-HREINS 8/11		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Reinstatement Application		
Project Name/Number:	Reinstatement Application/		

The enclosed form is a reinstatement application which we intend to use with our previously approved Cancer and Heart Attack policy forms. The previously approved forms and approval dates with which the application will be used are as follows:

N1030AR, approved 3/18/2011 (cancer) and N1031AR, approved 3/18/2011 (heart attack).

This is a new form filing and does not replace any previously approved form.

Your review and approval of this form for use with these products would be greatly appreciated.

Thank you,

CarLee H. Cramer

Company and Contact

Filing Contact Information

CarLee Cramer,	chcramer@nglic.com
2 E. Gilman Street	608-443-5371 [Phone]
Madison, WI 53701	

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	One application form being filed at rate of \$50.00/form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

<i>SERFF Tracking Number:</i>	<i>NGLI-127343538</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49418</i>
<i>Company Tracking Number:</i>	<i>NAPP-HREINS 8/11</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application/</i>		
National Guardian Life Insurance Company	\$50.00	07/28/2011	50167351

SERFF Tracking Number:	NGLI-127343538	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49418
Company Tracking Number:	NAPP-HREINS 8/11		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Reinstatement Application		
Project Name/Number:	Reinstatement Application/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	07/29/2011	07/29/2011

<i>SERFF Tracking Number:</i>	<i>NGLI-127343538</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49418</i>
<i>Company Tracking Number:</i>	<i>NAPP-HREINS 8/11</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>Reinstatement Application/</i>		

Disposition

Disposition Date: 07/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-127343538 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49418

Company Tracking Number: NAPP-HREINS 8/11

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Reinstatement Application

Project Name/Number: Reinstatement Application/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Reinstatement Application	Approved-Closed	Yes

SERFF Tracking Number: NGLI-127343538 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49418

Company Tracking Number: NAPP-HREINS 8/11

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Reinstatement Application

Project Name/Number: Reinstatement Application/

Form Schedule

Lead Form Number: NAPP-HReins 8/11

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/29/2011	NHRein-MBF 8/11	Application/ Reinstatement Enrollment Application Form	Initial			NAPP-HRein-MBF 08-11 _3_.pdf

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Home Office: 2 EAST GILMAN STREET, MADISON, WI 53701-1191

REINSTATEMENT APPLICATION

Submit Application to Our Administrative Office: [1275 Milwaukee Avenue, Glenview, IL 60025]

I apply to reinstate my policy number _____.

I understand that reinstatement will be based on my answers to the questions below:

1. During the past 5 years, has any person covered under this policy: (1) consulted or been treated by a physician or medical practitioner; or (2) been hospitalized for observation, treatment or diagnosis?

☐ Yes ☐ No

If Yes, give details _____

2. Has any person covered under this policy been diagnosed by a medical practitioner as having: (1) a chronic illness; or (2) a condition which requires periodic medical care or future surgery?

☐ Yes ☐ No

If Yes, give details _____

Note: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

To the best of my knowledge and belief, I represent that the answers to the above questions are true and complete. I understand and agree that the reinstatement applied for will not take effect until: (1) the reinstatement premium is paid; and (2) this application is approved by the Company.

Signature _____ Date _____

NHRein-MBF 8/11

(AR,NE,OR,RI)

SERFF Tracking Number:	NGLI-127343538	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49418
Company Tracking Number:	NAPP-HREINS 8/11		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Reinstatement Application		
Project Name/Number:	Reinstatement Application/		

Supporting Document Schedules

	Item Status:	Status
Bypassed - Item:	Flesch Certification	Approved-Closed
Bypass Reason:	Filing is for reinstatement application only.	Date: 07/29/2011
Comments:		

	Item Status:	Status
Satisfied - Item:	Application	Approved-Closed
Comments:		Date: 07/29/2011
The previously approved forms and approval dates with which the application will be used are: N1030AR, approved 3/18/2011 (cancer) and N1031AR, approved 3/18/2011 (heart attack).		

	Item Status:	Status
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed
Bypass Reason:	Filing is for reinstatement application only.	Date: 07/29/2011
Comments:		

	Item Status:	Status
Bypassed - Item:	Outline of Coverage	Approved-Closed
Bypass Reason:	Filing is for reinstatement application only.	Date: 07/29/2011
Comments:		